

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BEST OF AMERICA PAC

ADDRESS (number and street)

196 ALPS RD

PMB 301

ATHENS

GA

30606-4098

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00842344

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GOODE, MICHAEL, , ,

Signature of Treasurer

GOODE, MICHAEL, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BEST OF AMERICA PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	11028591.30	
(c) Total Receipts (from Line 19)	13117068.85	24148568.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24145660.15	24148568.85
7. Total Disbursements (from Line 31)	23954153.05	23957061.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	191507.10	191507.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BEST OF AMERICA PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2023

To:

M M / D D / Y Y Y Y
12 31 2023**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8549702.85

19581202.85

(ii) Unitemized

235.00

235.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8549937.85

19581437.85

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8549937.85

19581437.85

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

4567131.00

4567131.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

13117068.85

24148568.85

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13117068.85

24148568.85

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4894197.33	4897106.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4894197.33	4897106.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	19009955.72	19009955.72
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50000.00	50000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50000.00	50000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23954153.05	23957061.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23954153.05	23957061.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8549937.85	19581437.85
34. Total Contribution Refunds (from Line 28(d))	50000.00	50000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8499937.85	19531437.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4894197.33	4897106.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4567131.00	4567131.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	327066.33	329975.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABERNATHY, MADILYN, , ,

Mailing Address 1302 W MAIN ST

City
MARSHALLTOWNState
IAZip Code
50158-5471FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : AE963BE4A05A7407B925

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : A43C519B07C99435C9F6

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARVAI, JOHN, , MR.,

Mailing Address 4659 SAWGRASS DR E

City
ANN ARBORState
MIZip Code
48108-8617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : A8D426E6AF7084B149CB

Amount of Each Receipt this Period

0.10

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : ABE9976E773C64BC388B

Amount of Each Receipt this Period

0.10

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARRY, B., JOHN, MR.,

Mailing Address 8301 N EL MARO CIR

City
PARADISE VALLEYState
AZZip Code
85253-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIDAMERICA HOLDINGS, LTD.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2023

Transaction ID : A07F953C1707D42AFAFF

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BASKIN, ELIZABETH, , MS.,

Mailing Address 226 S BURLINGAME AVE

City
LOS ANGELESState
CAZip Code
90049-3703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2023

Transaction ID : A2CD2DE3E9705462F8BD

Amount of Each Receipt this Period

4200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

104200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENTON HOLDINGS LLC

Mailing Address 68 TECHNOLOGY DR

City
BEDFORDState
NHZip Code
03110-6908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2023

Transaction ID : A1898B9E98C174094AD0

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BERGAN, MARY, ALICE, ,Mailing Address 311 11TH AVE S
APT 301City
FARGOState
NDZip Code
58103-2856FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2023

Transaction ID : A74DA24BE8E76406D87D

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLACK, KEVIN, S, MR.,

Mailing Address 1310 37TH AVE SE

City
MINOTState
NDZip Code
58701-6216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CREEDENCE ENERGY SERVICESOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2023

Transaction ID : A76A1858BCF6A40FDA9F

Amount of Each Receipt this Period

25000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWARSKY, MARK, , ,

Mailing Address 2036, EMERSON LN

City
SUPERIORState
COZip Code
80027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO GOLF, INC.Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2023

Transaction ID : A4AD7153BE1584416A7B

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : A0433E3E7C0904F4995A

Amount of Each Receipt this Period

10.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURGUM, FREDERICK, , MR.,

Mailing Address 120 2ND AVE

City
ARTHURState
NDZip Code
58006-7702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2023

Transaction ID : AC2BDCEFD52DD41ACA11

Amount of Each Receipt this Period

3000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000010.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURGUM, JAMES, B, MR.,

Mailing Address 620 35TH AVE E

City
WEST FARGOState
NDZip Code
58078-5419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARTHUR COMPANIESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2023

Transaction ID : A40F8BDCC47C54C93B2E

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARSON, RUSSELL, , MR.,

Mailing Address 930 5TH AVE

City
NEW YORKState
NYZip Code
10021-2651FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2023

Transaction ID : AF95596833658450EB3D

Amount of Each Receipt this Period

25000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2023

Transaction ID : A440A7E77826E4E9B947

Amount of Each Receipt this Period

25000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

275000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARTER, CAROL, , ,Mailing Address 5301 E WARM SPRINGS AVE
APT C104City
BOISEState
IDZip Code
83716-6206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2023**Transaction ID : A2B8E99D0252C4AEC84F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023**Transaction ID : A2349B2474B8F42AC8C7**

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAMBERS, JEFFREY, , MR.,

Mailing Address 70 SANTIAGO AVE

City
ATHERTONState
CAZip Code
94027-5413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2023**Transaction ID : A844E3CFCAB4544BAA4D**

Amount of Each Receipt this Period

500000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

500050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAMBERS, JOHN, T., MR.,

Mailing Address 3230 ALEXIS DR

City
PALO ALTOState
CAZip Code
94304-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JC2 VENTURESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : A2463BDBE8514412AA62

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHILD, MICHAEL, C., MR.,

Mailing Address 35 RIDGE VIEW DR

City
ATHERTONState
CAZip Code
94027-6463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2023

Transaction ID : A992350B9AD3242658C0

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CILZ, KATHY, , ,

Mailing Address 4576 BELMONT RD

City
GRAND FORKSState
NDZip Code
58201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2023

Transaction ID : A30C96489A67D4B08BD6

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023

Transaction ID : A9D9960CF05D1415E868

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COBRA OIL & GAS CORPORATION

Mailing Address 2201 KELL E BLVD

City
WICHITA FALLSState
TXZip Code
76308-1000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2023

Transaction ID : A8DBA76D6E02A4BAFA6B

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNORS, JOHN, , MR.,

Mailing Address 8815 OVERLAKE DR W

City
MEDINAState
WAZip Code
98039-5347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

IGNITION PARTNERS

VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2023

Transaction ID : A0E87AFC9433B4E0783F

Amount of Each Receipt this Period

10000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

110000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2023

Transaction ID : A7D6887F7683846BB8F9

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONTINENTAL RESOURCES, INC.

Mailing Address PO BOX 269000

City
OKLAHOMA CITYState
OKZip Code
73126-9000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2023

Transaction ID : AE09C4F99C48F4AF7AFF

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRONK, GERALD, , ,

Mailing Address 61 FOREST GATE CIR

City
OAK BROOKState
ILZip Code
60523FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2023

Transaction ID : A767EA18FCE0F4D30A78

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250000.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2023

Transaction ID : A7D1FC17360F147C4A0E

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVANS, LETICIA, , ,

Mailing Address 1534 N MOORPARK RD

City
THOUSAND OAKSState
CAZip Code
91360-5129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2023

Transaction ID : ACE0883F238BF4897B99

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2023

Transaction ID : A1ED3958CE60B4F7DBEF

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARNEY, EARL, , ,

Mailing Address 1727 STATE HIGHWAY EE

City
CAMDENTONState
MOZip Code
65020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : A1463C1DBE0154A47AEC

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : AC53E5BC5096C45B2BF3

Amount of Each Receipt this Period

10.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRINGTON ROCKET LLC

Mailing Address 251 LITTLE FALLS DRIVE

City
WILMINGTONState
DEZip Code
19808FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2023

Transaction ID : A8EB2A94BD6EB466F8DC

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000010.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLOYD, DENNIS, , ,

Mailing Address 3265 FENTON STREET

City
WHEAT RIDGEState
COZip Code
80212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2023

Transaction ID : A0A2C311355DC4F9AA0E

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : AD07D68A7BDD7446E8CB

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREEMAN, ELIZABETH, C., MS.,Mailing Address 2660 S BIRMINGHAM PL
UNIT 8HCity
TULSAState
OKZip Code
74114-4330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2023

Transaction ID : AE8AC2BE389454A21AB8

Amount of Each Receipt this Period

6700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6700.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARBERS, RENEE, W., MS.,

Mailing Address 7 E 80TH ST

City
NEW YORKState
NYZip Code
10075-0109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2023

Transaction ID : AFB17183258745D7A06

Amount of Each Receipt this Period

3300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEAD EAST LLC

Mailing Address 120 W SWEET AVE

City
BISMARCKState
NDZip Code
58504-5566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 08 / 2023

Transaction ID : A9A5EE340814740CA8EC

Amount of Each Receipt this Period

150000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEITZ, JEAN-FRANCOIS, , ,

Mailing Address 6511 170TH PL SE

City
BELLEVUEState
WAZip Code
98006-6012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 11 / 2023

Transaction ID : A3961542DC45246D49CA

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

154300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HESS, LUANA, , ,

Mailing Address 711 CONNEAUT

City
BOWLING GREENState
OHZip Code
43402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : AA8E91632B4004C6BBBC

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : A0DCB9BA349D54C279A1

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, BRADLEY, , ,

Mailing Address 9913 KINGSBRIDGE ROAD

City
HENRICOState
VAZip Code
23238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2023

Transaction ID : AAE3DF22005B746D19D4

Amount of Each Receipt this Period

5000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 120
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2023**Transaction ID : A29101880C1D549B59FB**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, KEVIN, R, MR.,

Mailing Address 226 OVERLAKE DR E

City
MEDINAState
WAZip Code
98039-5303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023**Transaction ID : A4B026938D7A54DFB8B7**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOPSENG, LOREN, , ,

Mailing Address 2750 WILDERNESS COVE RD

City
BISMARCKState
NDZip Code
58503-9024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNITED ENERGY CORP.

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2023**Transaction ID : A25E3E359450E4A0BB53**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

20000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRALIK, JAMES, , ,

Mailing Address 15 LITTLE DUNES CIRCLE

City
FERNANDINA BEACHState
FLZip Code
32034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LINDEN STREET CAPTIAL LTD.Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2023

Transaction ID : A2EF3231ED6D440898A8

Amount of Each Receipt this Period

25000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2023

Transaction ID : A7664C26C9C854BF3A21

Amount of Each Receipt this Period

25000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOPEZ, HUMBERTO, S, ,

Mailing Address 3901 E BROADWAY BLVD

City
TUCSONState
AZZip Code
85711-3452FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HSL PROPERTIES INCOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2023

Transaction ID : AB96A7DAB194A467AA71

Amount of Each Receipt this Period

10000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2023

Transaction ID : A55535928FE846D589F

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUNA, EDWIN, C, ,

Mailing Address 1303 GULFVIEW WOODS LN

City
TARPON SPRINGSState
FLZip Code
34689-2929FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2023

Transaction ID : ABD561837F4844C5B820

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2023

Transaction ID : AD80DD1E179FB47B8A87

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACZUGA, MARGARET, , ,

Mailing Address 4905 COLONIAL WAY

City
LAWRENCEState
KSZip Code
66049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2023

Transaction ID : AB57809EE929947DE9C7

Amount of Each Receipt this Period

15.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2023

Transaction ID : A3E0A817BE10C495FBB2

Amount of Each Receipt this Period

15.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANN, ASHLEY, , ,

Mailing Address 500 E STERLING STREET

City
SPARTANBURGState
SCZip Code
28655FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

73.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : AB4607CB439A94E01BC5

Amount of Each Receipt this Period

73.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 120
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2023

Transaction ID : A49F0EEAF4C52442CB31

Amount of Each Receipt this Period

73.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAST, MARLENE, , ,

Mailing Address 2553 OLD ASHWORTH LANE NW

City
CONCORDState
NCZip Code
28027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2023

Transaction ID : AC8E04424DFFB4FE1A8A

Amount of Each Receipt this Period

3.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAST, MARLENE, , ,

Mailing Address 2553 OLD ASHWORTH LANE NW

City
CONCORDState
NCZip Code
28027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2023

Transaction ID : A5A9C2E66FC1A4638A89

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

13.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2023

Transaction ID : AAFCB9B4D43B849AFB13

Amount of Each Receipt this Period

3.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2023

Transaction ID : AB5C4FF5DD55B4B39AC4

Amount of Each Receipt this Period

10.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCGREGOR, IAN, , ,

Mailing Address 1331 VILLAGE DR

City
RAPID CITYState
SDZip Code
57701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR NATIONAL GUARDOccupation (for Individual)
AIRCRAFT MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2023

Transaction ID : AA8E78866FED0484487D

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023

Transaction ID : A1D13B3A1DBF34AAABA

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCGREGOR, IAN, , ,

Mailing Address 1331 VILLAGE DR

City
RAPID CITYState
SDZip Code
57701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

AIR NATIONAL GUARD

AIRCRAFT MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2023

Transaction ID : A65CF65DB26104C8CBA9

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2023

Transaction ID : A4E9102EF90374E17AE3

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCGREGOR, IAN, , ,

Mailing Address 1331 VILLAGE DR

City
RAPID CITYState
SDZip Code
57701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR NATIONAL GUARDOccupation (for Individual)
AIRCRAFT MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2023

Transaction ID : A9C77F85B16644E8EB30

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2023

Transaction ID : A6370B1B5CC8042359A3

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOONE, EDWARD, , ,

Mailing Address 78663 PEERLESS PLACE

City
LA QUINTAState
CAZip Code
92253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2023

Transaction ID : AD5C98C9E2486481CA20

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

50.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2023

Transaction ID : A3AE54DA25722477F808

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORTON, SUSAN, J., MRS.,

Mailing Address 4328 TIMBERLINE DR S

City
FARGOState
NDZip Code
58104-6634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2023

Transaction ID : A65975D8D9B224BF1A02

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOTWANI, DEV, , ,

Mailing Address 15 NE 4TH ST

City
FORT LAUDERDALEState
FLZip Code
33301-3237FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2023

Transaction ID : A348DEE5E25C343A5A0A

Amount of Each Receipt this Period

25000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

27000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2023

Transaction ID : A56E48BA35D31482AA0F

Amount of Each Receipt this Period

25000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUNSON, DAVID, , ,

Mailing Address 5440 CASTLEWOOD

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2023

Transaction ID : AED1A0288F40E45A98F2

Amount of Each Receipt this Period

0.50

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2023

Transaction ID : A6EF8BE5E7ECC4C55BEF

Amount of Each Receipt this Period

0.50

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NESET, KATHLEEN, , ,

Mailing Address 6853 102ND AVE NW

City
TIOGAState
NDZip Code
58852-9406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2023

Transaction ID : AA77F132CF6934B23940

Amount of Each Receipt this Period

5000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2023

Transaction ID : AF0D5244B832F4209AB7

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'DONNELL, JAMES, , ,

Mailing Address 1211 DALTON DR

City
WAVERLYState
IAZip Code
50677FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2023

Transaction ID : ABF2668A4A51B4B47970

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2023

Transaction ID : A85B6C7BA4EB54247A84

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'HARA, DAVID, , MR.,

Mailing Address 47331 FREEDOM STREET

City
DELL RAPIDSState
SDZip Code
57022-5361FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2023

Transaction ID : AFC8B1F51424D4CE2BBDD

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OPTILINE ENTERPRISES LLCMailing Address 131 BURKE ST
STE ACity
NASHUAState
NHZip Code
03060-4757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2023

Transaction ID : A6DD8AECF9BD64D4CA78

Amount of Each Receipt this Period

25000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

275000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 120
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PURCELL, PHILIP, J., MR.,Mailing Address 6300 SAGEWOOD DR
STE HCity
PARK CITYState
UTZip Code
84098-7502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONTINENTAL INVESTORSOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2023

Transaction ID : A19D29817A8234782A49

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RELLER, TAMI, L, MRS.,

Mailing Address 5120 MIRROR LAKES DR

City
EDINAState
MNZip Code
55436-1342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST OF AMERICA PACOccupation (for Individual)
EXECUTIVE CHAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2023

Transaction ID : A9022E38B1F9E43C9AFB

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REYES, J., CHRISTOPHER, MR.,Mailing Address 777 S FLAGLER DR
STE 1500City
WEST PALM BEACHState
FLZip Code
33401-6157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REYES HOLDINGSOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2023

Transaction ID : A080A0CE56B40474C843

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

285000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROGERS, JOHN, , MR.,

Mailing Address 56 SOUTHGATE RD

City
NEWBURYState
NHZip Code
03255-5307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2023

Transaction ID : A97711BC3E6124186A70

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2023

Transaction ID : A6F97B6CBDE4C4BDCB87

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROMMESMO, OLE, , MR., JR.

Mailing Address 702 13TH AVE E

City
WEST FARGOState
NDZip Code
58078-3304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRUE NORTH STEELOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2023

Transaction ID : A6AC208BB8EE54D54B49

Amount of Each Receipt this Period

50000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

50025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROTH, STEPHEN, , ,

Mailing Address 13363 SOUTH IRON MOUNTAIN BOULEVAR

City
PORTLANDState
ORZip Code
97219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2023

Transaction ID : A27DEEDC3099449F1860

Amount of Each Receipt this Period

10000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2023

Transaction ID : AEC0E85220F914A75BA8

Amount of Each Receipt this Period

10000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYAN, PATRICK, G., MR.,

Mailing Address 180 N STETSON AVE

City
CHICAGOState
ILZip Code
60601-6710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RYAN SPECIALTYOccupation (for Individual)
CEO/CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2023

Transaction ID : A37534D1DEDAE4C6DB2B

Amount of Each Receipt this Period

50000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

60000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAGE 21 LLC

Mailing Address 8604 SCARSDALE DRIVE

City
LAS VEGASState
NVZip Code
89117-5841FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2023

Transaction ID : A905CCD3DE21644868C5

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHINNERS, MICHAEL, , ,

Mailing Address 1501 N STATE PKWY 9 C

City
CHICAGOState
ILZip Code
60610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2023

Transaction ID : AC7ABC1C8F1A04F5C998

Amount of Each Receipt this Period

3.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHINNERS, MICHAEL, , ,

Mailing Address 1501 N STATE PKWY 9 C

City
CHICAGOState
ILZip Code
60610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2023

Transaction ID : A3FBAD557EC3B4E6FB33

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10013.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : ABF0ECF6B75FF48F2B7B

Amount of Each Receipt this Period

3.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : A10A41A2E54D44F4E9F5

Amount of Each Receipt this Period

10.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPOGLI, RONALD, P., MR.,Mailing Address 11100 SANTA MONICA BLVD
STE 1900City
LOS ANGELESState
CAZip Code
90025-0525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREEMAN SPOGLI & COOccupation (for Individual)
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2023

Transaction ID : A34F48C3307AF407DA0E

Amount of Each Receipt this Period

25000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPURR, NANCY, , ,

Mailing Address 16, MANCHESTER DR

City
CONWAYState
ARZip Code
72034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2023

Transaction ID : A84C017E1CFB6456C841

Amount of Each Receipt this Period

10.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPURR, NANCY, , ,

Mailing Address 16, MANCHESTER DR

City
CONWAYState
ARZip Code
72034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2023

Transaction ID : AB69F1474E758475EBB9

Amount of Each Receipt this Period

3.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : AE738A697BFA44C4C817

Amount of Each Receipt this Period

10.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

13.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023

Transaction ID : AF4DE1EB34068468F88C

Amount of Each Receipt this Period

3.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAUB, THOMAS, , ,

Mailing Address 3 LOGAN ROAD

City
NASHUAState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2023

Transaction ID : A371259CEBD1540E7ACE

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAUB, THOMAS, , ,

Mailing Address 3 LOGAN ROAD

City
NASHUAState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2023

Transaction ID : A6188F9E8726A40B2A72

Amount of Each Receipt this Period

3.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 120
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : A903355B624D049A3B65

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : A266AF306B9674A75866

Amount of Each Receipt this Period

3.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAUB, THOMAS, , ,

Mailing Address 3 LOGAN ROAD

City
NASHUAState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2023

Transaction ID : ACA9E9E2D36A84AA28C6

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2023

Transaction ID : AC7A8D37E30524B239A9

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAUB, THOMAS, , ,

Mailing Address 3 LOGAN ROAD

City
NASHUAState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3.75

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2023

Transaction ID : AE7B1FEE6D3DB42CCA1C

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2023

Transaction ID : AF9F8EA9CE27F4C37898

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRAUB, THOMAS, , ,

Mailing Address 3 LOGAN ROAD

City
NASHUAState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2023

Transaction ID : AC7EE15601158454AAB7

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2023

Transaction ID : AAF3315DD11D4244808

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAUB, THOMAS, , ,

Mailing Address 3 LOGAN ROAD

City
NASHUAState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4.25

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2023

Transaction ID : A06A3AF7CF8A440939B3

Amount of Each Receipt this Period

0.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2023

Transaction ID : A7D27387761FD483DB71

Amount of Each Receipt this Period

0.25

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWANSON, LELAND, A., , JR.

Mailing Address 809 8TH AVE S

City
FARGOState
NDZip Code
58103-2634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2023

Transaction ID : AD85CB847C4744330AA9

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWEENEY, JAMES, P., MR.,

Mailing Address 200 4TH AVE N

City
FARGOState
NDZip Code
58102-4897FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SFH INC.

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2023

Transaction ID : A8880620587B34D1DBBA

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 120
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TC SERVICES 01 LLC

Mailing Address 712 5TH AVE, 17TH FL

City
NEW YORKState
NYZip Code
10019-4108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2023

Transaction ID : A77C602B8E77244FC84B

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIBBETTS, JOSEPH, S, MR., JR.

Mailing Address 239 QUEENS COTTAGE LN

City
JOHNS ISLANDState
SCZip Code
29455-6341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2023

Transaction ID : AD2E56442DA834105BBF

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TUMA, ROBERT, , ,

Mailing Address 105 VILLA CT.

City
LAFAYETTEState
CAZip Code
94549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2023

Transaction ID : A43F352E0219F4A5C8B3

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2023

Transaction ID : A6BD4137AF5734F03A80

Amount of Each Receipt this Period

100.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VALENCIA TRAVEL VILLAGE

Mailing Address 27946 HENRY MAYO DR

City
CASTAICState
CAZip Code
91384-2900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2023

Transaction ID : A6A128208945549D1AC6

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALBERT, THOMAS, , ,

Mailing Address 520 AMSONIA CIR

City
GUYTONState
GAZip Code
31312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COASTAL COMFORT SYSTEMS LLCOccupation (for Individual)
OWNER SERVICE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2023

Transaction ID : A223C99C88A984E16BAC

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023

Transaction ID : AF61A4445296447FBADC

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALBERT, THOMAS, , ,

Mailing Address 520 AMSONIA CIR

City
GUYTONState
GAZip Code
31312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

COASTAL COMFORT SYSTEMS LLC

OWNER SERVICE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2023

Transaction ID : AB19417F379B147C5BF8

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2023

Transaction ID : A9504C4D77A6847D9A87

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 120

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALBERT, THOMAS, , ,

Mailing Address 520 AMSONIA CIR

City
GUYTONState
GAZip Code
31312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COASTAL COMFORT SYSTEMS LLCOccupation (for Individual)
OWNER SERVICE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2023

Transaction ID : A55F421BCA4414F3989D

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2023

Transaction ID : AC55814B668EE42ECBBB

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALTON, ROB, , MR.,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : AF63444E3583B41AC8AB

Amount of Each Receipt this Period

50000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 120
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALTON, ROB, , MR.,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2023

Transaction ID : AEE22977D69344967A49

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, MILES, D, MR.,

Mailing Address 1313 N GREEN BAY ROAD

City
LAKE FORESTState
ILZip Code
60045-1107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : A719A732A77CD4B2EBC7

Amount of Each Receipt this Period

2000000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLPIN, ANDREW, , ,

Mailing Address 1738 E 27TH

City
BROOKLYNState
NYZip Code
11229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIGNATUREOccupation (for Individual)
RABBI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2023

Transaction ID : AF1EE8CF371AF454BB29

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 120
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191502.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2023

Transaction ID : A4EE66F7E40B54FC9A5F

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

8549702.85

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 120
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4252131.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2023

Transaction ID : A8C7778FB5DE7443F92E

Amount of Each Receipt this Period

4252131.00

☐ Memo Item

REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4487131.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2023

Transaction ID : A119847D89E564530B72

Amount of Each Receipt this Period

235000.00

☐ Memo Item

REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4567131.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2023

Transaction ID : ADE535A7C50984584A1A

Amount of Each Receipt this Period

80000.00

☐ Memo Item

REFUND

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4567131.00

4567131.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053

Purpose of Disbursement

RADIO & TV ADVERTISING (NEVER DISSEMINATED)

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	4				2	0	2	3

FEC Identification Number

C

Transaction ID : BE0A700C89

Amount of Each Disbursement this Period

4252131.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053

Purpose of Disbursement

MEDIA PRODUCTION

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	2				2	0	2	3

FEC Identification Number

C

Transaction ID : B59ABDDEAI

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053

Purpose of Disbursement

MEDIA PRODUCTION

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	2				2	0	2	3

FEC Identification Number

C

Transaction ID : B0AD05223E

Amount of Each Disbursement this Period

19680.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4272211.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053

Purpose of Disbursement

TEXT BLAST

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B7B91438E6

Amount of Each Disbursement this Period

6484.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053

Purpose of Disbursement

DIGITAL CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : BD837BEC78

Amount of Each Disbursement this Period

8308.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053

Purpose of Disbursement

DIGITAL CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BCA3E24EA:

Amount of Each Disbursement this Period

3149.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

17942.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AD PLACEMENT RESULTS LLC

Mailing Address PO BOX 230053

City
GRAND RAPIDSState
MIZip Code
49523-0053Purpose of Disbursement
DIGITAL CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B0839448DA

Amount of Each Disbursement this Period

1584.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT, INC.Mailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
CC TRANSACTION FEES

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : BEBBC4299F

Amount of Each Disbursement this Period

400.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT, INC.Mailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
CC TRANSACTION FEES

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B0906205CF

Amount of Each Disbursement this Period

400.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2384.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.Mailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112-5204Purpose of Disbursement
CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 11 / 2023

FEC Identification Number

C Transaction ID : BD1CF2F1F0

Amount of Each Disbursement this Period

40.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

City
PHILADELPHIAState
PAZip Code
19171-6045Purpose of Disbursement
SOFTWARE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 05 / 2023

FEC Identification Number

C Transaction ID : BF893703661

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

City
PHILADELPHIAState
PAZip Code
19171-6045Purpose of Disbursement
SOFTWARE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 18 / 2023

FEC Identification Number

C Transaction ID : B1A740C5C8

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3040.30

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

City
PHILADELPHIAState
PAZip Code
19171-6045Purpose of Disbursement
SOFTWARE

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	4	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : B2E92FAE88

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City
CLEVELANDState
OHZip Code
44190-0189Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0	0		2	6	0		2	0	2	3		

FEC Identification Number

C

Transaction ID : BE42A32415E

Amount of Each Disbursement this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City
CLEVELANDState
OHZip Code
44190-0189Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	7	0		2	0	2	3		

FEC Identification Number

C

Transaction ID : B4C6099B89

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 11 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B1AEA09B1A

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B49B3970F23

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : BC236246BE

Amount of Each Disbursement this Period

6097.19

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16097.19

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 02 / 2023

FEC Identification Number

C Transaction ID : B41B98571D

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2023

FEC Identification Number

C Transaction ID : B2AEF56815

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2023

FEC Identification Number

C Transaction ID : BA2296F3B1

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BENAVIDES STRATEGIES LLCMailing Address 1300 4TH ST SE
UNIT 309City
WASHINGTONState
DCZip Code
20003-2570Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 07 / 2023

FEC Identification Number

C

Transaction ID : BCD3CEB5C

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 03 / 2023

FEC Identification Number

C

Transaction ID : BC58A3F554

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C

Transaction ID : B078CCE681

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5060.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : B65777FBA3:

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : B5516F5BAC:

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : B08E37958F:

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B5B8481EBE

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B1D99A2564f

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B80A8ED62C

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B9DECC3F6E

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA7BC60F44

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B05A385A31

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B9B7AF3F49

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : B6153DE43D!

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : B47A61DA82

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : B59377388A

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : B473985D56E

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : B45533C31A

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BF247717460

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BFDA3DFA05

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B5CC5807C0

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENS

State
GA

Zip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 06 / 2023

FEC Identification Number

C Transaction ID : B2BE346BAC

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENS

State
GA

Zip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 07 / 2023

FEC Identification Number

C Transaction ID : BB485BEC76

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENS

State
GA

Zip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 08 / 2023

FEC Identification Number

C Transaction ID : BC43C48A08

Amount of Each Disbursement this Period

40.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BBF849AF86

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3D25F65B9

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3829650A2

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : BCFEFE8D8/

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : BAB2C21F34/

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B1901B9F6D

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : BBB7A91FA2

Amount of Each Disbursement this Period

 20.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : BE7D8D3BA2

Amount of Each Disbursement this Period

 20.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : B1D0B9A802

Amount of Each Disbursement this Period

 40.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 80.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B0FF5D48D9

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : BF837BED7D

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B4627D289D

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	2	3		

FEC Identification Number

C Transaction ID : B9FFC18104

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	8		2	0	2	3		

FEC Identification Number

C Transaction ID : B1D4D05A82

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	5		2	0	2	3		

FEC Identification Number

C Transaction ID : B26B2DCEC

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B6F492B6231

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B5098549C8F

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BB6A7D2436

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	3		

FEC Identification Number

C

Transaction ID : BC886039484

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	2	3		

FEC Identification Number

C

Transaction ID : BF1E4BD70C

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY BANK

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606-3417

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	7		2	0	2	3		

FEC Identification Number

C

Transaction ID : B2FAD91E0E

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B34B143329I

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B84065223A2

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : BECB13A53I

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

30000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : B4244C7787I

Amount of Each Disbursement this Period

10428.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : B01908BD6E

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : BE139D6ED

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

30428.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HARRINGTON FORWARD THINKING

Mailing Address 6701 FAIRVIEW RD

City
CHARLOTTEState
NCZip Code
28210-3877Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : BAE083E078

Amount of Each Disbursement this Period

 10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : BDB3F63065

Amount of Each Disbursement this Period

 10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : B231AD0C2

Amount of Each Disbursement this Period

 10000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 30000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 31 / 2023

FEC Identification Number

C

Transaction ID : B9C1C75566

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 28 / 2023

FEC Identification Number

C

Transaction ID : B53F5FE8F1C

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2023

FEC Identification Number

C

Transaction ID : BAE71AEB7

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : B2F773EE50'

Amount of Each Disbursement this Period

 10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIQUID CONSULTING LLCMailing Address 3941 PARK DR
STE 20City
EL DORADO HILLSState
CAZip Code
95762-4577Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : B1C3ED30F2'

Amount of Each Disbursement this Period

 10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : B30CB19C3'

Amount of Each Disbursement this Period

 10000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B05EB19ED0

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B7B84D29DA

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B3B92F6505

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

30000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : B95742C2461

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B41251A12C

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARRIOTT GROUP

Mailing Address 16319 HUNTER PL

City
LEESBURGState
VAZip Code
20176-7830

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA1AE9160

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : BDD8A48068

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B1A4E62018E

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : BE682F3165I

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B2CE97063FI

Amount of Each Disbursement this Period

16035.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BD23B33CEA

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B67C76F341

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

46035.70

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PKL CONSULTING, INC.

Mailing Address PO BOX 8535

City
NORTHFIELDState
ILZip Code
60093-8535Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	7		2	0	2	3		

FEC Identification Number

C

Transaction ID : B0490874A35

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : B4FF2E219B1

Amount of Each Disbursement this Period

2790.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : B465967EF1

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20290.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 23 / 2023

FEC Identification Number

C Transaction ID : B140D40B0B

Amount of Each Disbursement this Period

2578.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 21 / 2023

FEC Identification Number

C Transaction ID : BA585CDC1F

Amount of Each Disbursement this Period

2500.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2023

FEC Identification Number

C Transaction ID : BA24D9F881

Amount of Each Disbursement this Period

2538.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7617.76

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2023

FEC Identification Number

C Transaction ID : B2C14A217F

Amount of Each Disbursement this Period

2724.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES, INC.Mailing Address 824 MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2023

FEC Identification Number

C Transaction ID : BC2A3134F7

Amount of Each Disbursement this Period

2538.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RISING TIDE DIRECT LLCMailing Address 201 N UNION ST
STE 110City
ALEXANDRIAState
VAZip Code
22314-2663Purpose of Disbursement
STRATEGY CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C Transaction ID : B424EEA250

Amount of Each Disbursement this Period

20000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

25263.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. RISING TIDE DIRECT LLCMailing Address 201 N UNION ST
STE 110City
ALEXANDRIAState
VAZip Code
22314-2663Purpose of Disbursement
STRATEGY CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : B8A754FC69

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RISING TIDE DIRECT LLCMailing Address 201 N UNION ST
STE 110City
ALEXANDRIAState
VAZip Code
22314-2663Purpose of Disbursement
STRATEGY CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C Transaction ID : BAE372E817

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RISING TIDE DIRECT LLCMailing Address 201 N UNION ST
STE 110City
ALEXANDRIAState
VAZip Code
22314-2663Purpose of Disbursement
STRATEGY CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C Transaction ID : B924B34018

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. RISING TIDE DIRECT LLCMailing Address 201 N UNION ST
STE 110City
ALEXANDRIAState
VAZip Code
22314-2663Purpose of Disbursement
STRATEGY CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B9F8EDDC9E

Amount of Each Disbursement this Period

[REDACTED] 10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RISING TIDE DIRECT LLCMailing Address 201 N UNION ST
STE 110City
ALEXANDRIAState
VAZip Code
22314-2663Purpose of Disbursement
STRATEGY CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B9C5EB1876I

Amount of Each Disbursement this Period

[REDACTED] 10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B1C2A41347

Amount of Each Disbursement this Period

[REDACTED] 5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 25000.00

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 28 2023

FEC Identification Number

C Transaction ID : B135C996AE

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 28 2023

FEC Identification Number

C Transaction ID : B31C2108453

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 02 2023

FEC Identification Number

C Transaction ID : BD532D854C

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2023			

FEC Identification Number

C Transaction ID : BED9B65AEI

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
PAC SHIPPING (NO ITEMIZATION REQUIRED)

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2023			

FEC Identification Number

C Transaction ID : B146840EC8e

Amount of Each Disbursement this Period

122.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2023			

FEC Identification Number

C Transaction ID : B52A783747f

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10122.17

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. SALAMON, ELIZABETH, , ,

Mailing Address 39W663 HENRY DAVID THOREAU PL

City
SAINT CHARLESState
ILZip Code
60175-6574

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BD7B59ED28

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B13A20F730E

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B60271772F1

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

25000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815

Purpose of Disbursement

EVENT SUPPLIES & TRAVEL EXPENSES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B8E81506068

Amount of Each Disbursement this Period

1748.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B2FD5E589D

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B6B58F93F1

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21748.68

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 120

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	2		2	0	2	3		

FEC Identification Number

C Transaction ID : BE90456FF4

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE E.H. MURRAY GROUP, LLCMailing Address 1214 INGLESIDE AVE
ACity
MCLEANState
VAZip Code
22101-2815Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	2		0	7		2	0	2	3		

FEC Identification Number

C Transaction ID : B6AFCB4855

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VENABLE LLP

Mailing Address PO BOX 62727

City
BALTIMOREState
MDZip Code
21264-2727Purpose of Disbursement
LEGAL SERVICES

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	7		2	6		2	0	2	3		

FEC Identification Number

C Transaction ID : B38E71F000

Amount of Each Disbursement this Period

10601.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30601.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B6907887EC

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA6309813F1

Amount of Each Disbursement this Period

0.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : BF5E97DACI

Amount of Each Disbursement this Period

0.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

99.19

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : B40C8FF1F7I

Amount of Each Disbursement this Period

985.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BA6D08AF6B

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B454454CB0

Amount of Each Disbursement this Period

327.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1411.97

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : B1192F32211

Amount of Each Disbursement this Period

0.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : B15F69E08D3

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : BDA048E177

Amount of Each Disbursement this Period

801.97

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

901.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : B9C11D7C3E

Amount of Each Disbursement this Period

395.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : B1B57D5E9E

Amount of Each Disbursement this Period

16.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : BC04B71940

Amount of Each Disbursement this Period

99.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

510.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : B219569727F

Amount of Each Disbursement this Period

5.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B09376D7DA:

Amount of Each Disbursement this Period

2.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B8ED62CE4I

Amount of Each Disbursement this Period

171.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

179.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : BB0B4A60CC

Amount of Each Disbursement this Period

197.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BBEC4C4D8A

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : B927F18EB8

Amount of Each Disbursement this Period

3.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

299.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 97 OF 120

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : B89EC6B88C

Amount of Each Disbursement this Period

1.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : BE36A4DA0D

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
STE 530City
ARLINGTONState
VAZip Code
22209-2517

Purpose of Disbursement

CC MERCHANT FEE

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B7606D39C4

Amount of Each Disbursement this Period

329.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

430.82

4894197.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 120

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BEST OF AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ROMMESMO, OLE, , MR., JR.

Mailing Address 702 13TH AVE E

City
WEST FARGOState
NDZip Code
58078-3304

Purpose of Disbursement

REFUND

Candidate Name

010

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	2		0	5		2	0	2	3		

FEC Identification Number

C

Transaction ID : BDB43D5AF

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

50000.00

TOTAL This Period (last page this line number only)..... ►

50000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 99 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee AD PLACEMENT RESULTS LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1409912.00</div>		
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : EB619A68AC1514A76ABA Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Purpose of Expenditure RADIO & TV ADVERTISING (NATIONAL MEDIA)		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee AD PLACEMENT RESULTS LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1319245.00</div>		
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : E7D3CC666A9074D3BA08 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2729157.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature GOODE, MICHAEL, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on			<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee AD PLACEMENT RESULTS LLC		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 09 / 2023	
Mailing Address PO BOX 230053		City GRAND RAPIDS	State MI	Zip Code 49523-0053
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2578115.00</div>				
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type	Transaction ID : E9CEF8BD7F5FD48FB87D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 08 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4465131.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee AD PLACEMENT RESULTS LLC		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 30 / 2023	
Mailing Address PO BOX 230053		City GRAND RAPIDS	State MI	Zip Code 49523-0053
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4500029.00</div>				
Purpose of Expenditure TV ADVERTISING (NATIONAL MEDIA)		Category/ Type	Transaction ID : EC5313B025D1049E39B6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 29 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9296738.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7078144.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 101 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 08 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1510450.96</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : EBD829B02D90F493CA45 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 07 / 2023	
Purpose of Expenditure RADIO & TV ADVERTISING (NATIONAL MEDIA)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10807188.96</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 11 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1236028.00</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : EE487340A9A0A44448C8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 11 / 2023	
Purpose of Expenditure TV ADVERTISING (NATIONAL MEDIA)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12043216.96</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2746478.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 102 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 14 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">576355.76</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : EE32D420CEDF54C4B900	
Purpose of Expenditure TEXT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12730098.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 18 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1405932.00</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : E13F426C2BAB04A12A3A	
Purpose of Expenditure TV ADVERTISING (NATIONAL MEDIA)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 15 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14136030.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1982287.76</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 103 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 27 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : E0B38C7B8472E405F953 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 26 / 2023	
Purpose of Expenditure TEXT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">14346556.72</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">658500.00</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : E9B4892CB15554A3D884 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 13 / 2023	
Purpose of Expenditure TEXT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">15115582.72</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">758500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 19 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">235436.00</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : E588DF4B241CF4540870 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure MEDIA BUY (NATIONAL MEDIA)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">15461544.72</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee AD PLACEMENT RESULTS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 02 / 2023	
Mailing Address PO BOX 230053			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">700000.00</div>	
City GRAND RAPIDS	State MI	Zip Code 49523-0053	Transaction ID : ED7783B08C81B47C09AC Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 01 / 2023	
Purpose of Expenditure MEDIA BUY (NATIONAL MEDIA)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">16272070.72</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">935436.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 105 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E91C2938271FB4B16A3C Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145526.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : ED8ECD52CDAD342EB84 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 11 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145526.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">145526.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 106 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 14 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EC6ABA2A4E1D84204AA6 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 07 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 20 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : ECB619F1DAF6049F7B64 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 13 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">236440.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">236440.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GOODE, MICHAEL, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 107 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 21 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA		State VA	Zip Code 22314-2663	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">256052.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 28 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA		State VA	Zip Code 22314-2663	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">354660.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">228746.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 108 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 28 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E19ADFA6EABFB487397E Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 20 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1776490.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 04 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E1582FFC67AC14F7B924 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 27 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">472880.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">228746.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GOODE, MICHAEL, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 04 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E5FA323B58B7C4D9F87F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1887016.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 11 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EEFFE14F8F57E4186BD4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1910345.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">228746.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 11 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EEF6F2B503AC24D14A02 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 02 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4575657.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 15 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E70F23D7902FF4248ADE Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 08 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2028565.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">228746.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 08 / 15 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E2971802264DF410AB04 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 08 / 08 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4686183.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 08 / 30 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EE8EDC50468F9440180F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 08 / 22 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9296738.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">221052.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 30 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EB22AE0D61E334ECA834 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 22 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2146785.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 12 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E5D7899A855664B50A49 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2023	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: BURGUM, DOUG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2265005.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">236440.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 12 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EF45A4DCBCB0D4F9C854 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">12153742.96</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 21 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55263.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E8ED9518743A5427EB1D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14246556.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">165789.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 21 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59110.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : ED3D1F0299ED04DDBB48 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2383225.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 21 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59110.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E22310903E13C4C7BA82 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2383225.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 115 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 21 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55263.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E7647F1F68BEE41B2B1B Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14246556.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 04 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27631.50</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EE6CC04BFF3E945A9AD: Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 26 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14457082.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">82894.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 116 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2023</div></div>	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29555.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : ED52859BF53BF4B4D868 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2023</div></div>	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate</div><div>District: 00 State: NH</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2501445.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2023</div></div>	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">82894.50</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E631BF6FA893A401E971 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 26 / 2023</div></div>	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate</div><div>District: 00 State: IA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14457082.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">112449.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 31 / 2024</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 04 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">88665.00</div>	
City ALEXANDRIA		State VA	Zip Code 22314-2663	
Purpose of Expenditure DIRECT MARKETING			Transaction ID : E72ED420F18F64AF7A9B Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 26 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2501445.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 18 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">110526.00</div>	
City ALEXANDRIA		State VA	Zip Code 22314-2663	
Purpose of Expenditure DIRECT MARKETING			Transaction ID : E3A116E95C203483F886 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 11 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15226108.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">199191.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 118 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 18 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">118220.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E118E29AC076C4EB7B40	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 11 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2619665.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 01 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59110.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : E4629ED1C4C844090A3C	
Purpose of Expenditure DIRECT MARKETING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 24 / 2023	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2737885.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">177330.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 01 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">59110.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EEB6E0C7BFF8C4EBC9FI Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 24 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2737885.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 01 / 2023	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55263.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314-2663	Transaction ID : EC5F37B12F0E646B397B Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 24 / 2023	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR.			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15572070.72</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">114373.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GOODE, MICHAEL, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 31 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 120
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) BEST OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00842344</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee RISING TIDE DIRECT LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">2023</div></div>	
Mailing Address 201 N UNION ST STE 110			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>55263.00</div><div></div></div>	
City ALEXANDRIA		State VA	Zip Code 22314-2663	
Purpose of Expenditure DIRECT MARKETING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: BURGUM, DOUG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> 15572070.72			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div>	
City		State	Zip Code	
Purpose of Expenditure			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>55263.00</div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>19009955.72</div><div></div></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>GOODE, MICHAEL, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">31</div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>				